


Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name TACO BELL NO. 20585		Telephone Number Est (812) 949-7084 Own (812) 945-9810		Date of Inspection 04/27/2022	ID#
Address 4018 GRANT LINE ROAD, NEW ALBANY IN 47150		Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)		Follow Up	Released 05/07/2022
Owner C & M SMITH RESTAURANT, INC.				Menu Type 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Owner's Address 5140 CHARLESTOWN ROAD SUITE 4 NEW ALBANY, IN 47150-					
Person in Charge CHRIS LAMB					
Responsible Person's Email RS020585@TACOBELL.COM					
Certified Food Handler AARON NEWTON					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"					
Section #	C	NC	R	Narrative	To Be Corrected
310		X		Observed vents above fryers in need of being cleaned.	5/7/22
426		X		Observed several empty boxes cluttered by back door.	TODAY
431		X		Observed clear liquid spilled underneath soda syrup boxes.	TODAY
433		X		Observed a couple mops drying on floor in back storage area.	TODAY
Summary of Violations C <u>0</u> NC <u>4</u> R <u>0</u>					
Received by (name and title printed): CHRIS LAMB				Received by (name and title printed): Christa Manus EHS	
Received by (signature):				Received by (signature): 	
cc:		cc:		cc:	